Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

A. BUILDING

(X3) DATE SURVEY COMPLETED

NVS412AGC B. WING ______ 02/26/2009

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ST. MICHAELS GROUP HOME 2		4423 E WYC LAS VEGAS	JE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE	
Y 000	Initial Comments		Y 000			
Y 067 SS=C	The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 2/26/2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for 6 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness, Category I residents. The census at the time of the survey was 7. Seven resident files were reviewed and 4 employee files were reviewed. The following deficiencies were identified:		Y 067			
	This Regulation is not met as evidenced by: Based on record review on 2/26/09, the facil	I				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 04/07/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS412AGC 02/26/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4423 E WYOMING AVENUE** ST. MICHAELS GROUP HOME 2 LAS VEGAS. NV 89104 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 067 Y 067 Continued From page 1 failed to ensure 4 of 4 caregivers read the provisions of NAC 449.156 to 449.2766 and signed a statement they have read those regulations (Employee #1, #2, #3 and #4). Severity: 1 Scope: 3 Y 072 Y 072 449.196(3) Qualications of Caregiver-Med SS=E re-training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and

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(b) At least every 3 years, pass an examination relating to the management of medication

This Regulation is not met as evidenced by: Based on record review on 2/26/09, the facility failed to ensure 1 of 4 caregivers had completed the required medication management training

approved by the Bureau.

(Employee #3).

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On 2/26/09 at 4:00 PM, Employee #1 stated "we currently have 7 residents." Employee #1 said "I accepted him (Resident #7) because the social services agency begged me to take him. But at

that time I had only 3 residents."

Scope: 3

Severity: 3

		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBI		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
	NVS412AGC			B. WING		02/26/2009				
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE					
ST. MICHAELS GROUP HOME 2			4423 E WYOMING AVENUE LAS VEGAS, NV 89104							
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Y 103	Continued From page	2 3		Y 103						
Y 103 SS=F	449.200(1)(d) Person	nel File - NAC 441A		Y 103						
	NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.		nch lude:							
	This Regulation is not met as evidenced by: Based on record review on 2/26/09, the facility failed to ensure 3 of 4 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #1, #2 and #3). Based on record review on 2/26/09, the facility failed to ensure 2 of 4 caregivers complied with NAC 441A.375 regarding a new employment physical exam (Employee #1, and #3).		ity vith g d e 2 of							
	Severity: 2 Scop	e: 3								
Y 105 SS=F	449.200(1)(f) Personr	nel File - Background C	heck	Y 105						
	a separate personnel member of the staff or	e provided in subsection file must be kept for east far facility and must incliance with NRS 449.17	nch lude:							
		ot met as evidenced by: ew on 2/26/09, the facil								

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NAME OF PROVIDER OR SUPPLIER			STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	•			
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Y 105	Continued From page	e 4		Y 105					
	failed to ensure 4 of 4 caregivers had a written statement from the employee stating whether they had been convicted of the crimes listed in NRS 449.188 (Employee #1, #2, #3, and #4). The facility failed to ensure 1 of 4 caregivers had a background check completed (Employee #1).		r in). had						
	Severity: 2 Scope	e: 3							
Y 175 SS=F	449.209(4)(b) Health	and Sanitation-Hazard	s	Y 175					
	NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility.								
	Based on observation failed to ensure the ex	ot met as evidenced by: n on 2/26/09, the facility xterior of the facility wa Il maintained. A broker d on the exterior of	s free						
	Severity: 2 Scope	: 3							
Y 179 SS=C	449.209(6) Health and	d Sanitation-Screens		Y 179					
		•							

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ST MICHAELS COOLID HOME 2				123 E WYOMING AVENUE AS VEGAS, NV 89104						
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Y 179	This Regulation is not met as evidenced by: Based on observation on 2/26/09, the facility failed to ensure 4 of 6 windows for ventilation were screened. (Bedroom #2, Bedroom #3, Bedroom #5, and Bedroom #6). Severity: 1 Scope: 3			Y 179						
			/ n							
Y 251 SS=F	Y 251 SS=F 449.217(2) Storage of Food-Perishable foods refrigerated NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less.		ls	Y 251						
			ss.							
	Based on observation failed to ensure the retemperature of 40 de	ot met as evidenced by n on 2/26/09, the facility efrigerator maintained a grees Fahrenheit or les rded a reading of 50 de 9.	/ a ss.							
	Severity: 2 Scope: 3									
Y 450 SS=F	449.231(1) First Aid a	and CPR		Y 450						
	NAC 449.231 1. Within 30 days after	er an								

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admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the

resident's physician.

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ST. MICHA	AELS GROUP HOME 2	LAS VEGAS, NV 89104					
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Y 859	Continued From page 7	Y	859				
	This Regulation is not met as evidenced by: Based on record review on 2/26/09, the facility failed to ensure 4 of 7 residents received an annual physical (Resident #2, #4, #5 and #7)	ity ı					
	Severity: 2 Scope: 3						
Y 876 SS=D	449.2742(4) NRS 449.037	Y	876				
	NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs or the conditions prescribed in subsection 6 of N 449.037 are met.	nly if					
	This Regulation is not met as evidenced by: Based on record review on 2/26/09, the facility failed to ensure an ultimate user agreement obtained for 1 of 7 residents (Resident #6).	ity					
	Severity: 2 Scope: 1						
Y 878 SS=I	449.2742(6)(a)(1) Medication / Change order	r Y	878				
	NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a						

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A bottle of Amitriptyline HCL 50 mg tablets was in Resident #1's medication basket but failed to be

A bottle of Clonazepam 1 mg tablets was in Resident #1's medication basket but failed to be

listed on the MAR

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NVS412AGC			B. WING		02/26/2009				
•			STREET ADDR	ESS, CITY, STA	TE, ZIP CODE	•			
ST. MICHAELS GROUP HOME 2				23 E WYOMING AVENUE AS VEGAS, NV 89104					
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Y 878	Continued From page	e 10		Y 878					
	them. The report also indicated Resident #3 does not like to take medications anymore, because she felt better.		,						
	Severity: 3 Scope	e: 3							
Y 936 SS=F	936 =F 449.2749(1)(e) Resident file			Y 936					
	NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.		for at e ce st						
	This Regulation is not met as evidenced by: Based on record review on 2/26/09, the facility failed to ensure 3 of 7 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #4, #5 and #7).		ity th						
	Severity: 2 Scope: 3								
Y1010 SS=F	449.2764(1) MI Traini	ing		Y1010					
	NAC 449.2764 1. A person who provides care for a resident of a residential facility for persons with mental								

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